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A person who lacks confidence in communicating is viewed as slightly neurotic, possessing a general trait of high anxiety. The person tends to avoid interaction situations and does not initiate interactions. As a consequence, he or she probably has poor social relations and low self-concept, feels alienated from others, and finds it difficult to trust relations with others. The underlying cause of this condition may be due to a single significantly traumatizing event or a series of repeatedly reinforced conditions. A strong possibility exists that the event or events occurred early in the development of a child, resulting in learned habitual responses to adverse conditions even after the original stimulus has disappeared. Since the communication anxious person is regarded as neurotic, psychotherapeutic treatment procedures involving disclosure and low-threat conditions may be appropriately used in conjunction with, or in place of, a behavior therapy technique such as systematic desensitization. (Author)

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COMMUNICATION ANXIETY

A PSYCHOTHERAPEUTIC PERSPECTIVE

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ABSTRACT

A person who lacks confidence in communicating is viewed as slightly neurotic, possessing a general trait of high anxiety. The person tends to avoid interaction situations and does not initiate interactions. As a consequence, he/she probably has poor social relations, low self-concept, feels alienated from others, and will find it difficult to trust relations with others. The underlying cause of this condition may be due to a single significantly traumatizing event or a series of repeatedly reinforced conditions. A strong possibility exists that the event or events occurred early in the development of a child resulting in learned habitual responses to adverse conditions even after the original stimulus has disappeared. Since the communication anxious person is regarded as neurotic, psychotherapeutic treatment procedures involving disclosure and low threat conditions may be appropriately used in conjunction with, or in place of, a behavior therapy technique such as systematic desensitization.

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COMMUNICATION ANXIETY: A PSYCHOTHERAPEUTIC PERSPECTIVE

A survey by R. H. Bruskin Associates (1973) involving approximately 2500 adults found that fear of speaking before a group was reported by 40.6% of the respondents. Earlier studies by Beuhler and Linkugel (1962), Baird and Knower (1963) and Ross (1964) indicated that the majority of college freshmen regard the opportunity to present a short talk as a threatening situation. However, participation in speaking experiences, accompanied by peer group and instructor reinforcement, serves to reduce student threat response for 80% of the students according to studies by Greenleaf (1947), Low and Sheets (1951), Paulson (1951), and Giffin and Bradley (1967). For a minority, however, the experiences provide no improvement in their confidence or in some cases, results in a deteriorating effect. Those who do not overcome their fears in traditional speech-communication classes are the focus of a large body of research by communication, speech pathology, and psychology scholars. The purpose of this paper will be to synthesize some of this literature with emphasis upon definitions, causes and treatments of the phenomena.

I. The Nature of Anxiety

Communication anxiety is viewed as a mild form of psychoneurosis (cf. Walter and Scott, 1962) which takes the form of a neurotic response elicited by a threat provoking situation. According to Lundin (1961), anxiety is a group of responses an organism makes under certain stimulus conditions. Two defining characteristics of anxiety are: (1) an emotional state, resembling fear, and (2) a disturbing stimulus principally responsible that does not precede or accompany the state but is "anticipated" in the future (Estes and Skinner, 1941). This is in line with Clevenger's (1955) definition of stage fright as an emotional condition where the stimulus of the emotion is the communication situation.

This emotional condition of an anxious person has been divided into state and trait anxiety by Spielberger (1966) in his work with students experiencing test anxiety. A state of anxiety (A-State) is regarded as a transitory emotional state while a trait of anxiety (A-Trait) is a more basic personality characteristic. In his Trait-State theory, Spielberger predicts that A-State scores will fluctuate as a function of different stress conditions, and persons who are high in A-Trait will tend to exhibit elevations in A-State more frequently and of a greater intensity than will persons who are low in A-Trait, especially in situations characterized by a threat to self-esteem, e.g., speaking to a group of strangers. Applied to communication anxiety, the severely apprehensive communicator would be expected to experience anxiety under a large number of conditions, while the communicator who experiences a more "normal" momentary anxiety prior to speaking would not be expected to have a general trait of anxiety. Findings of at least a dozen researchers summarized by Clevenger (1958) have determined a general anxiety factor is significantly correlated with communication anxiety. Positive relationships have been found between degree of communication anxiety and personal adjustment scores such as: (1) degrees of Intro-

version, neuroticism, submissiveness, and self-confidence on the Bernreuter scales (Jones, 1947); (2) amount of depression and psychoestenic (a neurosis characterized by morbid anxieties) on the Minnesota Multiphasic Personality Inventory (Hotzman, 1950; Low and Sheets, 1951); and (3) anxiety scales on the Taylor Manifest Anxiety Scale (Clevenger, 1958).

An interesting aspect of neurotic responses to communication settings is in the self-perpetuation of the learned behavior. The key factor of neuroticism, according to White (1964), is that the neurotic person is aware of the emotional disturbance, but lacks insight into the problem, remaining powerless to solve it. In a discussion of the psychosomatic aspects of anxiety, Grinker (1966) proposed that the best way to produce anxiety is to impede or block communication. This is in line with Mowrer's (1964) contention that neurosis develops from lack of relieving a conscience and Jourard's (1958) position that neurosis is related to inability to know one's "real self" and to make it known to others. By avoiding interactions with others, the speech anxious person reinforces his avoidance habit perpetuating the neurosis. The only way to remove the neurotic response is to increase communication. But forced communication conditions are responded to in defensive modes of behavior such as aggression, compliance with expectations, or mental and physical traumatizing.

In general, communication anxiety is viewed as a neurotic response to an internally perceived aversive condition. Habits of response are learned by escape from the feared stimulus. Reduction or removal of the stimulus tends to reinforce the behavioral response.

II. Causes and Symptoms

Causes of communication anxiety are difficult to determine precisely. However, when speech anxiety is treated as a neurotic learned response then insight can be gained from research on neurosis. The initial breakthrough in understanding neuroticism was achieved by Watson (1920) in his famous "Little Albert" experiment. This intriguing study of little Albert's "learned" anxiety compellingly demonstrated that some maladaptive fears may endure over time even after the original "cause" of anxiety has been removed.

Applying Watson's classic study to communication anxiety, one might assume that a rather traumatic communication experience or series of experiences may be the "cause" of apprehension spread over a range of related stimuli. Perhaps even more likely the experience(s) occurred in early childhood years resulting in a learned habitual response pattern long after the original aversive condition has been forgotten.

One theory of childhood influence upon communication anxiety has been advanced by Giffin and Heider (1967). They link communication anxiety to self concept and contend that if a child encounters negative feedback in communications with others, negative feelings about self are likely to follow. Psychologists believe that an individual's mental attitude toward self is fixed as early as one or two years of age, and at least by the age of seven (Erickson, 1963; Allport, 1955; Berne, 1964). Therefore, Giffin and Heider conclude that attempts by a child to communicate to his parents,

if met by negative parental response, may produce an undesirable self-concept. In the words of the theorists:

It appears that parental suppression of a child's communication can produce speaker anxiety which can be carried into adult speech situations; it seems quite probable that the foundation of maturity development and the basis for a positive self-concept are undermined when a child's communication meets suppression.

By the time the child has reached high school or college, self-concept and behavioral responses are firmly established.

Low self-concept has been found to correlate significantly with communication anxiety (Gilkinson, 1943; Crowell, Katcher and Miyamoto, 1955; and Borman and Shapiro, 1962). The theoretical rationale for this relationship is firmly established in the social interactionist school of Mead (1934) and his followers. According to this school of thought, a person's self-image is developed through interactions with others. A person not only learns who he is from others, he "becomes" a reflection of significant others. While valuable information about self can be gained from others, a characteristic of the anxious speaker is poor social relations. According to Clevenger (1959), "The personality factor expected to correlate best with stage fright is social adjustment (p. 142)." In an earlier study conducted by Low (1950) students with "high stage fright" reported participating in fewer extra-curricular activities in high school, had their first date at a later age, and reported qualities of shyness and withdrawal significantly more than students "low in stage fright."

A combination of low self-concept, poor social relations, and avoidance of interactions leads to the speculation that the communication anxiety student may feel socially alienated. Watzlawick, Beavin and Jackson (1967) propose that "'loss of self' is but a translation of the term 'alienation' (p. 86)."

Giffin and Barnes (1976) define interpersonal trust in the communication process as "person P who relies upon person O in a risk-taking situation in order to achieve an uncertain objective (p. 7)." In the case of an anxious communicator, he is relying upon a listener as a means of achieving reinforcement in a communication setting. Unfortunately, the desire to trust the feedback of an audience is blocked by the anxious speaker's fear of receiving negative responses.

This dilemma is viewed by Giffin and Heider (1967) as a "focal conflict." Whitaker and Lieberman (1964) explain a focal conflict as a need or wish (disturbing motive) opposed by fear (reactive motive). The clash of motives creates anxiety within an individual until the anxiety is reduced by a solution. For the communicator lacking confidence, the solution is maladaptive. If escape is possible, he withdraws from the conflict, resulting in poor adjustment to social situations and a reinforcement of an aversive behavior.

A compounding problem of trust for the person with communication anxiety, as noted by Loomis (1959), is that communication produces trust. As communication increases, trust increases. Research by Ainsworth (1949), Low (1950)

and Wilkinson (1938) supports the converse of increased communication--increased trust by demonstrating that adult speakers experiencing communication anxiety lack trusting tendencies. Those in greatest need of help from others will probably have difficulty perceiving available resources of assistance.

In summary, the communication anxious person will tend to avoid interaction situations and will not initiate the interaction. As a consequence, he will probably have poor social relations, low self-concept, feel alienated from others, and will find it difficult to trust his relations with others. The underlying cause of this condition may be due to a single significantly traumatizing event or a series of repeatedly reinforced conditions. A strong possibility exists that the event or events occurred early in the development of a child resulting in learned habitual responses to adverse conditions even after the original stimulus has disappeared.

III. Treatment

Once communication anxiety has been identified, the problem of treatment remains. Two major schools of thought divide most approaches to treatment into either a psychotherapeutic approach, heavily influenced by Carl Rogers, or a behavior modification approach, championed by B. F. Skinner.

Since by definition those students low in confidence can be regarded as slightly neurotic, a logical conclusion is that therapeutic treatment of neurotics can be applied to the treatment of communication anxiety.

A landmark study by Fiedler (1950) determined that successful therapists are in common agreement as to the essential elements of an ideal therapeutic relationship in spite of their divergent schools of psychotherapy. The ideal therapeutic relationship was characterized as being warm, accepting, and understanding.

Fiedler's finding was carried one step further by Rogers (1957) who contended that the therapist's ability to communicate empathic understanding and unconditional positive regard for the patient and his being a congruent or genuine person in the relationship were not only necessary but sufficient to meet the conditions needed for the therapeutic change. Rogers is credited for collectively regarding the three elements as conditions for a climate of psychological safety.

As an outgrowth of a seminar conducted by Rogers, several attempts were made to operationalize empathy, warmth, and genuineness. One of the seminar participants, Truax (Truax and Carkhuff, 1967, p. 25), explains the importance of a climate of psychological safety between the patient and therapist when he notes that despite divergent psychoanalytic theories, "all have emphasized the importance of the therapists' ability to be integrated, mature, genuine, authentic or congruent in his relationship to his patient." Furthermore, they have all stressed "the importance of the therapists' ability to provide a nonthreatening, trusting, safe or secure atmosphere by his acceptance, non-possessive warmth, unconditional positive regard, or love." Finally, he contends that virtually all theories of psychotherapy emphasize that for the therapist to be helpful he must be accurately empathic, be

'with' the client, be understanding, or grasp the patient's meaning."

Empathy, warmth and genuineness combine to create a climate in which the patient feels free to express himself. Beyond the client-therapist relationship, it can be asserted that this climate is necessary for a genuine encounter between two people. As Shoben (1953) has noted the three therapeutic ingredients are qualities of universal human experience that are present or absent in all human relationships.

The concept of psychological safety for individual growth can be applied to group relations or climate. Slavson (1956) suggests that the therapist symbolizes the father figure in groups while the group as a whole represents the mother image. Patients expect and demand protection, kindness, understanding and support from the group. Or in other words, the group provides a climate in which the individual's anxieties can be relaxed and alternative behaviors can be tried.

In summary, research suggests that therapists who are viewed by clients as empathic, warm, and genuine are effective. The degree to which these elements are present determines the degree of constructive change in the patient. Furthermore, the elements combine to create a climate of psychological safety in which the individual can test his behavior as a means of personal growth.

Development of these conditions is not limited to trained therapists. Rogers (1961, p. 37) indicates, "There seems every reason to suppose that the therapeutic relationship is only one instance of interpersonal relations, and that the same lawfulness governs all such relationships." Aspy (1965) studied the relationship between the level of therapeutic conditions offered by teachers of third grade reading classes and the consequent gains in children's reading achievement levels. The findings of Aspy indicated that teachers who were warm, empathic and genuine were able to produce greater behavioral change in terms of reading achievement than those who were less warm, empathic and genuine. A follow-up study by Aspy and Hadlock (1966) confirmed and expanded the previous findings. Students taught by teachers high in accurate empathy, non-possessive warmth and genuineness showed a reading achievement gain of 2.5 years during a five-month period while pupils taught by low-conditions teachers, gained only 0.7 years. As an additional benefit, truancy was much lower in the high-conditions classrooms.

Swan (1970) studied the relationship between personality integration and the manifestation and perception of therapeutic behavior in a sensitivity training laboratory. Persons offering high levels of empathy, warmth and genuineness were perceived by other participants as functioning in a therapeutic manner throughout the life of the group.

A study conducted by Shilling (1970) attempted to discover the feasibility of a short term training program for disadvantaged, relatively uneducated blacks. The program was designed to teach them to function as helpers in a facilitative role. He compared the effectiveness of two training methods and sought to determine whether training had an effect on the presence of interpersonal anxiety in the trainees. Shilling found that

youth can be trained to function facilitatively and that a systematic training program as opposed to non-systematic, unstructured T-group experience was most effective. Of special interest is the finding that the acquisition of interpersonal communication skills was negatively correlated with the presence of anxiety aroused in interpersonal situations.

Meichenbaum, Gilmer, and Fedoravicius (1971) dealt directly with the phenomenon of communication anxiety and sought to compare group insight and group desensitization methods in its treatment. Subjects were given a Confidence of Speaking scale, a Social Avoidance and Distress scale and Fear of Negative Evaluation scale in addition to a speech anxiety questionnaire. Their results indicated that desensitization group treatment appeared significantly more effective than insight treatment with subjects whose anxiety was confined to formal speech situations. On the other hand, insight group treatment was more effective with subjects who suffer anxiety in many varied social situations.

The findings of Truax and Wittmer (1971) are also relevant to treatment procedures. They tested the effects of a therapist's focus on a patient's source of anxiety and the interaction with the therapist's level of accurate empathy. Their results indicated that the therapist's focus on the source of a patient's anxiety had a significant effect on the outcome of therapy as measured in terms of the client's social effectiveness. The best outcomes were when there was a high degree of accurate empathy and a high focus on the patient's anxiety source.

If a climate is perceived as safe, then a person should feel free to reveal himself to the other group members. This revelation can be referred to as self-disclosure. Jourard and Lasakow (1960) explain that self-disclosure refers to the process of making the self known to other persons. According to Jourard (1958), accurate portrayal of the self to others is an identifying criterion of a healthy personality, while neurosis is related to inability to know one's "real self" and to make it known to others.

Direct experimental evidence on the relationship of perceived empathy, genuineness, and warmth with amount of self-disclosure is not available. Related research into the relationship of self-disclosure and trust has been conducted by Vondracek and Marshall (1971). Using the Rotter Interpersonal Trust instrument and a newly devised measure of self-disclosure, they found a correlation of only .08. In explanation, they fault their own study as well as previous ones for treating self-disclosure as a relatively constant personality variable rather than as a process variable. They note studies showing that self-disclosure depends upon the nature of the target person, the relationship between the discloser and the target person, the verbal and non-verbal behavior of the target person, and the nature of the information to be disclosed (p. 239).

What happens when a person self-discloses? He watches for confirmation or in some cases, disconfirmation of his intimate fears. In the case of communication anxiety, he tries speaking with the complete expectation of being attacked. Group members provide feedback to the individual in their responses or lack of responses. If the group has developed genuine empathy, the individual should find his fears ungrounded. As a result, interaction

should increase gradually with the individual constantly "checking out" his fears.

Part of the growth process is learning to cope with undesired information as well as positive reinforcement. Mullen and Rosenbaum (1962) suggest the psychotherapeutic technique of "going around". All group members are asked to fully and spontaneously share their perceptions of a single member's problem of interaction. This forces all patients into the role of co-therapists. For the first time, patients realize that they contribute to one another's welfare. The technique attempts to defeat the neurotic's belief that what he perceives cannot be true and cannot be real, for by the time the individual comes to psychotherapy there is real loss of self-regard. Attempts are made, therefore, to develop the individual's ego defenses and controls in order for him to recognize his own individuality and worth.

Granoff (1970) attempted an objective measurement of the relations between a set of self-disclosing behaviors and two criteria: degree of satisfaction in interpersonal relationships and self-esteem. He found a significant positive association between satisfaction in one's interpersonal relationships and engagement in self-disclosing behaviors and a strong positive correlation between satisfying relationships and self-esteem.

In review of the psychotherapeutic theory, a growth facilitating climate can be developed within a group, or between client and therapist. This climate of psychological safety is fostered by development of accurate empathy, warmth, and genuineness. If the climate is perceived, the communication anxious person should respond by self-disclosing some of his hidden self. Upon receiving feedback, the individual should develop a clearer perception of his true self, leading to the ultimate abatement of anxieties.

Psychotherapy, in the sense that it is being used here, can take a variety of forms. For example, Henja (1960), a speech pathologist, treats speech disorders by nondirective play therapy. The basic assumption is that individuals possess the ability to resolve their own problems of adjustment with only indirect assistance from a therapist. When an atmosphere is established in which the person feels free to express himself, speech improves automatically.

A somewhat more structured approach is advocated by Backus and Beasley (1951) in formulating their speech therapy with children. They maintain that interpersonal relations are of greater importance than drills, exercises, and word lists for use in speech correction. Their procedure involves stimulating children to make "natural" verbal responses in a group situation.

More directly related to communication anxiety, Golburgh and Glanz (1962) counseled nine students who expressed difficulty in participating in classroom discussions. A matched group according to expressed difficulty and College Entrance Examination Board Verbal scores served as a control group. The experimental group of students were involved in eight weekly group counseling sessions lasting for one hour each. Emphasis was placed upon discussion of common difficulty with the counselor employing "as accepting, clarifying, interpretive, and supporting function (p. 103)." Significant changes in the improved direction were reported in the self-ratings, instruc-

tor ratings, and the scores on a Self-Attitude Scale. Only peer ratings failed to meet the .05 per cent level of confidence set for significance.

At Kansas University, Giffin and Helder (1967) reported psychotherapy used in counseling speech anxious students. They utilized a non-directive approach in which manipulative, extremely directive methods were avoided.

In general, the psychotherapeutic approach used by some psychiatrists, speech pathologists, and speech communicationists is largely a "climate" built upon a relationship among participants in which the client can risk himself enough to solve his own problems.

For analytically minded therapists, "climate of safety" and "therapeutic relationships" are rather hazy concepts that generally escape quantification and clarification. A rather startling consideration is "the fact that approximately two out of three people with neurotic illnesses can be expected to recover without receiving any formal treatment (Eysenck and Rachman, 1965, p. 272)." With this in mind, it is not surprising that many therapists look rather skeptically at somewhat "mystical" methods used in treating neurosis.

In contrast to most methods of Rogerian psychotherapy, behavior therapy is directive. In theory at least, the behavior therapist determines the symptom of the neurosis and treats it directly on the assumption that if the symptom is removed, the underlying problem will disappear. As Eysenck and Rachman (1965) tersely state the issue: "Get rid of the symptom (skeletal and autonomic) and you have **eliminated** the neurosis."

The difference between psychotherapy and behavior therapy is even more fundamental **than** the issue of directive versus non-directive treatment. According to Freudian theory, neurotic symptoms are adaptive mechanisms as evidence of repression. Learning theory does not posit any underlying causes but regards neurotic symptoms as simply learned habits. Eysenck and Rachman (1965, p. 12) graphically contrast the therapies in the following manner:

Psychotherapy	Behavior Therapy
1. Consider symptoms the visible upshot of unconscious causes.	1. Consider symptoms as unadaptive conditioned responses.
2. Regard symptoms as evidence of repression.	2. Regard symptoms as evidence of faulty learning.
3. All treatment of neurotic disorders must be historically treated.	3. All treatment of neurotic disorders is concerned with habits existing at present; the historical development is largely irrelevant.
4. Cures are achieved by handling the underlying (unconscious) dynamics not by treating the symptom itself.	4. Cures are achieved by treating the symptom itself; i.e., extinguishing unadaptive CRs (conditioned responses) and establishing desirable CRs.

5. Interpretation of symptoms, dreams, etc. is an important element of treatment.

5. Interpretation is irrelevant.

Interpretation of dreams and considerations of client history are more directly out of Freudian psychology than the Rogerian methods discussed in the previous section. However, when Mowrer (1964, p. 29) advocates using group therapy by encouraging a frightened student to "tell his story" as in Alcoholics Anonymous meetings, he is implicitly attempting to bring unconscious motivations to the surface. Repressed history, on the other hand, does not hold such importance for the behavior therapist.

According to Eysenck and Rachman (1965), many communication anxious persons should be particularly amenable to counter conditioning as found in behavior therapy. Introverted and highly emotional people seem to be "constitutionally predisposed to develop dysthymic neurosis, that is to say anxiety states, obsessional and compulsive habits of behaviors, phobias, and so forth (p. 58)." Extroverted and highly emotional people are predisposed to develop psychopathic criminal, and hysterical reactions. "Psychopaths generally condition poorly and fail to acquire the conditioned responses characterizing the socialization process (p. 24)" while introverts condition more easily.

Behavior therapy, or conditioning therapy, is defined by Franks (1969) as "the beneficial modification of behavior in accordance with experimentally validated principles based upon SR concepts of learning and the biophysical properties of the organism." In general then, behavior therapy involves modification of deviant or distressing behavior by techniques based upon clinically tested learning principles.

The treatment method most commonly used for anxiety is systematic desensitization (SD). Wolpe (1958) is generally regarded as the father of the method, who in turn utilized the findings of Jacobson (1938) and Pavlovian-type animal studies. Jacobson (1938) found that progressive relaxation training could result in a deep muscular relaxation which in turn produces a reduction in physiological arousal and a pleasant affective state. Based upon these findings, Wolpe (1958) formulated a counter conditioning theory for eliminating dysfunctional anxiety. According to the reciprocal inhibition principle, the ability of given stimuli to evoke anxiety will be permanently weakened if "a response antagonistic to anxiety can be made to occur in the presence of anxiety-evoking stimuli so that it is accompanied by a complete or partial suppression of the anxiety responses (p. 7)." The antagonistic response is deep muscle relaxation, and the anxiety-evoking stimuli are imagined in a hierarchical order from least to most disturbing.

One of the chief proponents of SD for treating communication anxiety is McCroskey (1972). His system appears rather simple and could be used by anyone with a little advance preparation. Clients are asked to recline in chaise lounges and to listen to a pre-recorded relaxation tape followed by a systematically presented, standardized hierarchy.

In contrast, Paul (1969) described the procedures moving more slowly. His system involves an expenditure of time and energy for developing rapport and becoming acquainted with the individual client's needs and aspirations.

Before systematic desensitization is undertaken, the usual clinical preliminaries are carried out: i.e., establishing rapport, assessment of the nature and basis of the client's problems, determination of assets and liabilities, and specification and explanation of treatment programs deemed appropriate.

After the initial orientation period, the procedure involves devoting half the time to establishing the hierarchy and half the time to relaxation training. However since outside disturbances can be significantly strong to cause the client mental unrest, he also reports cases where relaxation is discontinued for a session or more until the client can again focus his mind on the treatment.

In treatment of a specific neurosis such as communication anxiety, a thematic hierarchy is developed in which items consist of discrete stimuli differing qualitatively or quantitatively while incorporating increasing degrees of the defined feature. McCroskey (1972) advocates the use of a pre-determined thematic hierarchy which is advantageous for use in large groups where little time is available or where the therapist has little training. The disadvantage is lack of flexibility in meeting individual or group needs, assuming that groups differ even within single neurotic themes such as communication anxiety. In contrast, individualized hierarchies can be developed by interviews (Paul, 1969), testing or questionnaire methods (Vitalo, 1969), Q-sort or a combination of the above. Again, it is a question of how much time should be spent allowing the client an opportunity to discuss individual needs while establishing a trusting therapeutic relationship with the therapist. McCroskey's system permits a minimum of interaction while other behaviorists have encouraged open discussion of anxiety related issues in conjunction with SD.

Paul (1966) reported success in treatment of communication anxiety with SD conducted by psychoanalytically trained and oriented therapists. Five therapists each treated nine students--three by SD, three by insight therapy and three by a kind of direct suggestion. After five sessions, 86 percent of the SD group were improved, 20 percent of the insight group, and none of the suggestion group.

With the exception of McCroskey, most researchers report using the group for feedback and disclosure purposes in addition to SD treatment. Lazarus (1961), one of the first to use group SD, noted that desensitization is facilitated by talking to persons with similar problems in a relatively nonthreatening situation. Similarly, Katahn, Strenger, and Cherry (1966) indicate that their patients (students) reported that talking with students in the treatment context, becoming aware of others with similar problems, and learning better habits were crucial factors in reduction of anxiety. Cohen (1969) compared group interaction desensitization, noninteraction desensitization, and no treatment. Subjects in the interaction condition were:

encouraged to discuss particular problems and alternative means of handling these problems...The interaction took place during the non-desensitization periods, and included discussion of intraexperimental situations (for example, the process of relaxation) as well as extraexperimental experiences (for example, performing during the actual test) (p. 17).

Cohen found that while both types of desensitization were more effective than no treatment, group interaction plus desensitization was more effective than desensitization alone in reducing test anxiety.

Barnes (1973) compared interaction desensitization with interaction. The interaction SD group consisted of high anxious students enrolled in speech confidence classes using SD. The interaction groups consisted of high anxious students embedded in the standard interpersonal communication classes. High anxious students in both groups significantly improved in confidence but the interaction desensitization method was not found to be more effective than the interaction method.

In summary, psychotherapeutic interviews and groups, behavior therapy in the form of systematic desensitization, and behavior therapy combined with psychotherapeutic techniques have all been found effective in reducing communication anxiety. When communication anxiety is regarded as a neurosis characterized by avoidance of communication, lack of communication initiation, low self concept, and lack of trust, programs designed to promote disclosure, initiation and acceptance of feedback, and positive relationships would seem to be an important supplement to or replacement for programs limited to behavior therapy.

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